

Attorney's Docket No.: 005510.P066C

Patent

In re the Application of: ODELL
(inventor(s))

Application No.: 10/816,069

Filed: March 30, 2004

For: METHOD AND APPARATUS FOR BALANCING ACTIVE CAPACITOR LEAKAGE CURRENT
(title)

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is an Amendment and Response for the above application.

 Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 14	Minus	** 20	0	X25	\$	X50	\$ 0
Indep. Claims	* 1	Minus	*** 3	0	X100	\$	X200	\$ 0
First Presentation of Multiple Dependent Claim(s)					+180	\$	+360	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Certificate of Mailing: I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on June 13, 2005
Date of Deposit

Luci M. Arevalo

Name of Person Mailing Correspondence

Luci M. Arevalo

Signature

June 13, 2005

Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
_____ 37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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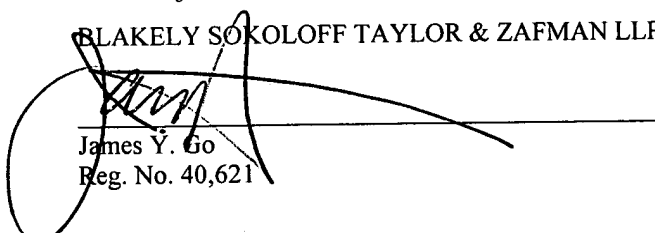
X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

Date: 6-13-05

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Patent



Q05510.P066C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

~~In re application of:~~

ODELL

Serial No.: 10/816,069

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BALANCING ACTIVE CAPACITOR
LEAKAGE CURRENT

Examiner: Riley, Shawn

Art Unit: 2838

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed March 21, 2005, the Applicant requests the Examiner to enter the following amendments and to consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.